

**STATEMENT OF ECONOMIC INTERESTS**

 Date Initial Filing Received  
Official Use Only

**COVER PAGE**

 STATE TREASURER  
STATE OF CALIFORNIA

2018 FEB 22 AM 9:56

ADMINISTRATION

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

Wong-Martinusen

Collin

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Treasurer's Office

Division, Board, Department, District, if applicable

Your Position

Chief of Staff

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position:

**2. Jurisdiction of Office (Check at least one box)**
☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

**3. Type of Statement (Check at least one box)**
☒ **Annual:** The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is / / , through December 31, 2017.

☐ **Assuming Office:** Date assumed / /

☐ **Leaving Office:** Date Left / / (Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is / / , through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3**
**Schedules attached**
☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**
**5. Verification**

 MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

915 Capitol Mall Ste 110

Sacramento

CA

95814-4801

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

( 916 ) 653-2995

Collin.Wong-Martinusen@treasurer.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

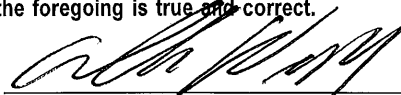
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2-21-18

(month, day, year)

Signature



(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE ATTACHMENT

|                                     |
|-------------------------------------|
| <b>CALIFORNIA FORM 700</b>          |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name                                |
| <u>Collin Wong-Martinusen</u>       |

EXPANDED STATEMENT LIST

| Agency Name                           | Division, Board,<br>Department, District | Position or Title | Jurisdiction        | Type of<br>Statement | Period Covered      |
|---------------------------------------|--|-------------------|---------------------|----------------------|---------------------|
| Public Employees<br>Retirement System |  | Designee          | State<br>California | Annual               | 01/01/17 - 12/31/17 |
| Teachers' Retirement<br>System        |  | Designee          | State<br>California | Annual               | 01/01/17 - 12/31/17 |

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|                                     |
|-------------------------------------|
| <b>CALIFORNIA FORM 700</b>          |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name                                |
| Collin Wong-Martinusen              |

**▶ 1. BUSINESS ENTITY OR TRUST**

Jinnie Wong-Martinusen

Name

455 University Ave., Ste 215, Sacramento, CA 95825

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2      ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Marriage & Family Therapy

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership    ☒ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION Spouse's business

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499      ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☒ None    or    ☐ Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
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YOUR BUSINESS POSITION \_\_\_\_\_

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\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
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☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_